

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2011	
NAME OF PROVIDER OR SUPPLIER  LYND HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 2410 EAST MCGALLIARD ROAD MUNCIE, IN47303			
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R0000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: March, 16, 17, 21, 2011.</p> <p>Facility number: 004428 Provider number: 004428 AIM number: N/A</p> <p>Survey team: Delinda Easterly, RN TC Ginger McNamee, RN Betty Retherford, RN Karen Lewis, RN</p> <p>Census bed type: Residential : 45 Total: 45</p> <p>Census payor type: Other: 45</p> <p>Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 24, 2011 by Bev Faulkner, RN</p>			R0000			
R0036	(k) The facility must immediately consult the resident ' s physician and the resident ' s legal						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when blood glucose levels were below the ordered parameters and when significant weight changes were documented for 1 of 9 residents reviewed for physician notification in a sample of 9. [Resident #5]</p> <p>Findings include:</p> <p>Resident #5's clinical record was reviewed on 3/16/11 at 3:00 p.m. The resident's diagnoses included, but was not limited to diabetes mellitus and CHF [congestive heart failure.]</p> <p>The resident's current January, 2011, Physician Recapitulation Orders were signed, but not dated by the Nurse Practitioner. The resident had orders for blood sugar checks every morning and every evening before meals. There was an order for Instaglucoase paste [for low blood sugar] use as directed and to call the M.D. for blood sugars below 60. The resident had an order to self administer 34 units of Lantus Solostar insulin every</p>	R0036	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No other residents were found to be affected. Resident #1 had his medical condition reviewed regarding weight loss by the licensed medical professional with no new order obtained. The licensed medical professional was also notified of blood glucose levels found to be under the established parameters. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. The primary care physician has established notification parameters regarding abnormal blood sugars and possible interventions. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and staff were re-trained in regards to the notification policy and procedure</p>	04/30/2011	

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	<p>morning at 8:00 a.m.</p> <p>Review of the January, 2011, Medication Administration Record [MAR] indicated the resident had the following 8:00 a.m. blood sugars: 1/21/11 - 55 1/22/11 - 59</p> <p>The clinical record lacked any indication of the Doctor being notified of the low blood sugars.</p> <p>Review of the January, 2011, MAR lacked an indication of the Instaglucoase being administered and indicated the resident did self administer the 34 units of Lantus insulin.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 10:10 a.m., she indicated the facility performs the blood sugar checks for Resident #5 and observes the insulin administration by the resident. She indicated the resident did self administer his insulin on 1/21/11 and 1/22/11 and the physician had not been notified of the resident's low blood sugars. She indicated the resident had not received the Instaglucoase.</p> <p>Review of the resident's weights indicated the following: 3/3/10 - 265 pounds</p>		<p>for Diabetic Monitoring, Changes of Condition, and Documentation. The Wellness Director will be notified and provide instruction as to further action as deemed necessary. The Residence Director and/or Wellness Director will review and ensure that service notes are in place to ensure continued compliance when changes are present. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will perform an ongoing weekly review of reported condition changes, the Medication Administration Records and service notes to ensure continued compliance with our policy and procedure regarding residents experiencing a change of condition. Findings will be reviewed and corrected through our QA process. The Regional Director of Quality and Care Management or the Regional Director of Operations will review this process during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R0036, R0090, R0091 Will the Residence Director, the Wellness director, and/ or designee complete weekly</b></p>		

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	<p>7/10 - 268 pounds 10/8/10 - 246 pounds 11/12/10 - 220 pounds 12/31/10 - 240 pounds 1/3/11 - 231 pounds 2/8/11 - 228 pounds</p> <p>The weights were recorded in a "Vitals Book." The front of the book indicated the physician should be notified of the following weight changes: Five percent weight gain or loss in one month. Seven and one half percent weight gain or loss in three months. Ten percent weight gain or loss in six months.</p> <p>The resident had a 22 pound or eight percent weight loss from 7/10 to 10/8/10. The resident had a 26 pound or ten and a half percent weight loss from 10/8/10 to 11/12/10. The resident had a 20 pound or nine percent weight gain from 12/31/10 to 1/3/11.</p> <p>Review of the clinical record lacked indication of the physician being notified of the weight changes.</p> <p>During an interview with the Administrator and the Director of Nursing on 3/16/11 at 4:15 p.m., they indicated</p>		<p><b>reviews on all residents with condition changes, all medication records, and all service notes? Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for how long? What is the criteria for discontinuing if less than six months?</b> The Wellness Director and/or Designee will complete 1 random weekly review of residents experiencing a change of condition for a period of three months by reviewing the Medication Administration Record and Service Notes. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100 %compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p>		

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R0090	<p>they were not aware of the weight changes and they did not believe the resident had had a weight loss.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 1:30 p.m., she indicated the resident was reweighed on 3/16/11 and his weight was 212 pounds.</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time</p>				

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	<p>worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interview, the facility failed to ensure the Administrator promptly arranged for health care services related to the administration of insulin coverage by licensed nursing staff as required by state regulations and facility policy for 1 of 1 resident (Resident #28) residing in the facility with orders for sliding scale insulin who did not self administer medications and failed to ensure the nursing staff contacted the physician, administered medications as ordered, and monitored and assessed 1 of 1 resident (Resident #5) reviewed for treatment and evaluation of low blood sugars in a sample of 9.</p> <p>Findings include:</p> <p>1.) During the initial walk- thru tour of</p>			R0090	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No other residents were found to be affected. Resident # 28's medical condition and blood sugars were reviewed by the licensed medical professional with new orders obtained. The Residence Director and Wellness Director made arrangements to ensure insulin administration orders were covered in the event a licensed nurse is not available. Resident #5 was assessed by the nurse practitioner. The Wellness Director completed the Medication Self Administration Assessment and a new order was obtained. <b>How the facility will identify other residents having the potential to be affected by</b></p>		04/30/2011

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	<p>the facility and interview on 3/16/11 at 8:30 a.m. with the Administrator, she indicated Resident #28 received insulin coverage on the "Buddy System." She indicated the facility made arrangements for another resident who resided in the facility (Resident #32) to administer Resident #28's insulin.</p> <p>The clinical record for Resident #28 was reviewed on 3/16/11 at 2:30 p.m.</p> <p>Resident #28's current diagnoses included, but were not limited to diabetes mellitus and dementia.</p> <p>Resident #28 had a physician's order, dated 1/13/11, for the following,</p> <p>Blood sugar monitoring twice daily and administer sliding scale insulin coverage using Humalog Flexipen according to scale below (friend to administer insulin if RN not available)</p> <p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 7 units 351 -400 = 8 units more than 400 = 10 units if greater than 450 = call physician</p> <p>During an interview with the</p>				<p><b>the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were deemed capable of safe storage and self administration of medication per our policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed no less than quarterly or as needed by the Wellness Director to ensure continued compliance. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and QMA's were re-trained regarding the policy and procedure for completing the Medication Self Administration tool, Physicians Orders, and resident change of condition. The nurse practitioner established parameters for diabetic residents as to abnormal blood sugars for physician and family notification. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</b></p>		

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	<p>Administrator on 3/21/11 at 9:30 a.m., she indicated the Director of Nursing for the facility was normally only in the building Monday thru Friday on day shift. She further indicated the Director of Nursing was the only licensed nurse in the facility. She indicated the evening dose of sliding scale insulin coverage was routinely given to Resident #28 by another resident who lived at the facility, Resident #32.</p> <p>This indicated Resident #28 was receiving sliding scale insulin coverage administered by another resident instead of licensed staff, which was not in agreement with facility policy and state regulations. The clinical record also lacked documentation of the sliding scale insulin coverage having been given as ordered on multiple dates.</p> <p>Refer to R091, R117, R241, and R245 for additional information.</p> <p>2.) Resident #5's clinical record was reviewed on 3/16/11 at 3:00 p.m. The resident's diagnoses included, but was not limited to diabetes mellitus.</p> <p>The clinical record indicated the facility was to administer all medications to the resident with the exception of insulin injections which the resident was able to self administer.</p>		<p><b>program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will perform an ongoing weekly review of change of condition, the Medication Administration Records, and service notes to ensure continued compliance with the policy and procedure regarding residents experiencing a change of condition, diabetic monitoring, and documentation. Findings will be reviewed and corrected through our QA process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review the process during routine site visits at least monthly.</p> <p><b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R0036, R0090, R0091 Will the Residence Director, the Wellness director, and/ or designee complete weekly reviews on all residents with condition changes, all medication records, and all service notes? Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for how long? What is the criteria for discontinuing if less than six months?</b> The Wellness Director and/or Designee will complete 1 random weekly review</p>		



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	<p>The resident's January, 2011, Physician Recapitulation Orders were signed, but not dated by the Nurse Practitioner. The resident had orders for blood sugar checks every morning and every evening before meals. There was an order for Instaglucoase paste [for low blood sugar] use as directed and to call the M.D. for blood sugars below 60. The resident had an order to self administer 34 units of Lantus Solostar insulin every morning at 8:00 a.m.</p> <p>Review of the January, 2011, Medication Administration Record [MAR] indicated the resident had the following 8:00 a.m. blood sugars:</p> <p>1/21/11 - 55 1/22/11 - 59</p> <p>The clinical record lacked any documentation of any physician notification of the low blood sugar readings, the Instaglucoase having been given or the resident being monitored in regards to the low blood sugar readings.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 10:10 a.m., she indicated the resident had not received the Instaglucoase. She indicated no assessments had been done related to the</p>		<p>of residents experiencing a change of condition for a period of three months by reviewing the Medication Administration Record and Service Notes. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100% compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary. <b>R0090, R0091 : How will the facility ensure insulin injections are administered by a licensed nurse on all at all times if the resident cannot self administer their own insulin?</b> The Residence Director, Wellness Director, and staff were re-educated to their scope of practice and state ruling R0090, R0091. Residents who have insulin injections will be reviewed via the Medication Self Administration Assessment no less than quarterly on an ongoing basis. When findings indicate that a resident is no longer able to safely administer insulin injections the findings will be reviewed with the resident, responsible party, and physician. An order will be obtained from the physician and arrangements made for scheduling a licensed nurse to administer the insulin injection as required</p>		

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R0091	<p>low blood sugar readings noted above and there was no documentation of the physician having been notified.</p> <p>Refer to R036 and R214 for additional information.</p> <p>(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:</p> <ol style="list-style-type: none"> <li>(1) The range of services offered.</li> <li>(2) Residents' rights.</li> <li>(3) Personnel administration.</li> <li>(4) Facility operations.</li> </ol> <p>The policies shall be made available to residents upon request.</p> <p>Based on record review and interview, the facility failed to ensure the nursing staff followed facility policy and procedures in regards to the administration of insulin for 1 of 5 residents reviewed for insulin administration in sample of 9. [Resident # 28]</p> <p>Findings include:</p> <p>1) The clinical record for Resident #28 was reviewed on 3/16/11 at 2:30 p.m.</p> <p>Resident #28's current diagnoses included, but were not limited to diabetes mellitus and dementia.</p> <p>Resident #28 had a physician's order,</p>		R0091	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No other residents were found to be affected. Resident # 28's medical condition and blood sugars were reviewed by the licensed medical professional with new orders obtained. The Residence Director and Wellness Director made arrangements to ensure insulin administration orders were covered in the event a licensed nurse is not available by appropriately licensed personnel. Resident #5 was assessed by the nurse practitioner and the Wellness Director completed the Medication Self Administration Assessment and a new order was</p>		04/30/2011	

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	<p>dated 1/13/11, for the following,</p> <p>Blood sugar monitoring twice daily and administer sliding scale insulin coverage using Humalog Flexipen according to scale below (friend to administer insulin if RN not available)</p> <p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 7 units 351 -400 = 8 units more than 400 = 10 units if greater than 450 = call physician</p> <p>The January and February 2011 Medication Administration Records for Resident #28 lacked indication the resident had received the sliding scale insulin coverage as ordered by the physician on the dates and time noted below,</p> <p>January 2011</p> <p>January 3, at 7:00 p.m., blood sugar was 168. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>January 6, at 8:00 a.m., blood sugar was 184. The resident should have received 2 units of insulin coverage. No insulin was</p>				<p>obtained. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were deemed capable of safe storage and self administration of medication per our policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed no less than quarterly or as needed by the Wellness Director to ensure continued compliance. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and QMA's were re-trained regarding the policy and procedure for Diabetic Monitoring, change of condition, and documentation. Upon notification of changes, the Wellness Director will provide instruction as to further action as deemed necessary. The Residence Director and/or Wellness Director will review incident reports and service notes</p>		

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	<p>documented as given.</p> <p>January 13, at 8:00 a.m., blood sugar was 232. The resident should have received 4 units of insulin coverage. No insulin was documented as given.</p> <p>February 2011</p> <p>February 10, at 8:00 a.m., blood sugar was 170. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>February 13, at 8:00 a.m., blood sugar was 229. The resident should have received 4 units of insulin coverage. No insulin was documented as given.</p> <p>February 13, at 7:00 p.m., blood sugar was 284. The resident should have received 6 units of insulin coverage. No insulin was documented as given.</p> <p>February 15, at 8:00 a.m., blood sugar was 188. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>February 24, at 8:00 a.m., blood sugar was 154. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p>			<p>to ensure continued compliance. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will perform an ongoing weekly review of change of condition, Medication Administration Records, and service notes to ensure continued compliance with our policy and procedure regarding residents experiencing a change of condition, diabetic monitoring, and documentation. Findings will be reviewed and corrected through our QA process. The Regional Director of Quality and Care Management and/or the Regional Director of Operations will review this procedure during routine site visits at least monthly.</p> <p><b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0036, R0090, R0091 Will the Residence Director, the Wellness director, and/ or designee complete weekly reviews on all residents with condition changes, all medication records, and all service notes? Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for</b></p>			

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	<p>February 26, at 8:00 a.m., blood sugar was 155. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>During an interview with the Director of Nursing on 3/16/11 at 4:15 p.m., additional information was requested related to Resident #28 not having received sliding scale insulin coverage as ordered by the physician on the dates and time noted above.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 8:30 a.m. ,she indicated she had no information to provide to indicated Resident #28 received any insulin coverage on the dates and time noted above.</p> <p>Review of the current, undated facility policy, titled "Administration of Sliding Scale Insulin Coverage", provided by the Administrator on 3/17/11 at 2:30 p.m., indicated the following,</p> <p>Sliding scale insulin may be managed by the resident/family or residence depending on State Regulations, Nurse Practice Acts, staff ability and the condition of the resident (i.e. stable and predictable.) In some state, only licensed nurses may administer insulin to residents who are unable to self-manage their injections...."</p>				<p><b>how long? What is the criteria for discontinuing if less than six months?</b> The Wellness Director and/or Designee will complete 1 random weekly review of residents experiencing a change of condition for a period of three months by reviewing the Medication Administration Record and Service Notes. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100 %compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary. <b>R0090, R0091 : How will the facility ensure insulin injections are administered by a licensed nurse on all at all times if the resident cannot self administer their own insulin?</b> The Residence Director, Wellness Director, and staff were re-educated to their scope of practice and state ruling R0090, R0091. Residents who have insulin injections will be reviewed via the Medication Self Administration Assessment no less than quarterly on an ongoing basis. When findings indicate that a resident is no longer able to safely administer insulin injections the findings will be reviewed with the resident, responsible party, and physician. An order will be</p>		

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R0117	<p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview, the facility failed to ensure there was sufficient licensed staff available to monitor diabetic residents and administer sliding scale insulin as ordered for 1 of 5 residents reviewed for administration of sliding scale insulin in a sample of 9. (Resident #28) Resident # 32 was</p>		R0117	<p>obtained from the physician and arrangements made for scheduling a licensed nurse to administer the insulin injection as required.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> The Residence Director and/or Wellness Director has ensured that licensed staff is available to administer insulin to Resident #28. <b>How the facility will identify other residents having the potential to be</b></p>		04/30/2011	

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	<p>administering insulin to Resident # 28 as licensed staff were not available.</p> <p>Findings include:</p> <p>During the initial walk- through tour of the facility and interview on 3/16/11 at 8:30 a.m., with the Administrator, she indicated Resident #28 received insulin coverage on the "Buddy System." She indicated the facility made arrangements for another resident who resided in the facility (Resident #32) to administer Resident #28's insulin.</p> <p>The clinical record for Resident #28 was reviewed on 3/16/11 at 2:30 p.m.</p> <p>Resident #28's current diagnoses included, but were not limited to diabetes mellitus and dementia.</p> <p>A nursing note entry, dated 1/10/11 at 1:30 p.m., signed by the Director of Nursing, indicated the following,</p> <p>" Pt's [patients] son here @ [at] this time and went over [with] him that pt is having more trouble doing his insulin pen, explained to son that the nurse practitioner is gonna try and stabilize him more on p.o. [oral] meds [medications and just try coverage ss [sliding scale]. Pt does have a friend here [Resident #32]</p>		<p><b>affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director and Wellness Director were re-educated to Indiana state ruling R117 410 IAC 16.2-5-1.4 (b) Personnel. The Residence Director and/or Wellness Director will ensure provisions are made to ensure a licensed staff is available and sufficient in number and qualifications to monitor and administer sliding scale insulin as order by their physician. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will perform an ongoing weekly review of the Medication Administration Record and staffing schedule to ensure continued compliance with Indiana state ruling R117 410 IAC 16.2-5-1.4 (b) Personnel . Findings will be reviewed and corrected through our QA process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review the</p>		

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	<p>who is capable of giving pt coverage in the evening if he should need it. The friend does do her own meds and is a &amp; o [alert and oriented] x [times ] 3 and mobile. Pt son states, "I understand." Will continue to monitor bs [blood sugar] while switching to pill form."</p> <p>Resident #28 had a physician's order, dated 1/13/11, for the following,</p> <p>Blood sugar monitoring twice daily and administer sliding scale insulin coverage using Humalog Flexipen according to scale below (friend to administer insulin if RN not available)</p> <p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 7 units 351 -400 = 8 units more than 400 = 10 units if greater than 450 = call physician</p> <p>Review of the January, February and March 2011 medication administration records for Resident #28 indicated the resident received sliding scale insulin coverage 46 times in January, 38 times in February, and 17 times in March. Resident #28's blood sugar results which required sliding scale insulin coverage ranged from 152 to 391.</p>		<p>schedule and ensure compliance during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0117: Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for how long. If less than six months, what is the criteria for discontinuing the monitoring?</b></p> <p>A random audit will be completed weekly by the Residence Director and/or the Wellness Director for a period of three months. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>During an interview with the Administrator on 3/21/11 at 9:30 a.m., she indicated the Director of Nursing for the facility was normally only in the building Monday thru Friday on day shift. She further indicated the Director of Nursing was the only licensed nurse in the facility. She indicated the evening dose of sliding scale insulin coverage was routinely given to Resident #28 by another resident who lived at the facility, Resident #32.</p> <p>Review of the January, February and March 2011 medication administration records for Resident #28 indicated the resident received sliding scale insulin coverage 23 times in the evening hours in the month of January, 18 times in the month of February, and 6 times in the month of March.</p> <p>Review of the current, undated facility policy, titled "Administration of Sliding Scale Insulin Coverage", provided by the administrator on 3/17/11 at 2:30 p.m. indicated the following,</p> <p>Sliding scale insulin may be managed by the resident/family or residence depending on State Regulations, Nurse Practice Acts, staff ability and the condition of the resident (i.e. stable and predictable.) In some state, only licensed nurses may</p>						

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R0154	<p>administer insulin to residents who are unable to self-manage their injections...."</p> <p>(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper storage of non-dairy creamer and straws, and failed to ensure the exterior portion of the lids to dry storage bins, and serving carts were in a clean and sanitary condition for 1 of 3 observations of kitchen sanitation. This deficient practice had the potential to affect 44 residents that received meals from the kitchen in the population of 45.</p> <p>Findings include:</p> <p>During a tour of the facility's kitchen conducted with the Dining Services Coordinator on 3/16/11 at 8:30 a.m., the following observations were made:</p> <p>a.) The lids to the dry storage bins</p>	R0154	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No residents were found to be affected. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Dining Service Coordinator cleaning schedule was updated to include the following items; storage bins, and serving carts. The Dining Service Coordinator was re-trained regarding the revised cleaning schedule to be completed monthly along with proper storage of non dairy creamer and straws. The Residence Director will complete random rounds of kitchen area to ensure continued compliance with our safety and sanitation standards. <b>How will the corrective action(s) will be</b></p>	04/30/2011	

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	<p>containing sugar, thickener, flour, rice, powdered sugar, and powdered milk were soiled with drips and spills of sticky, dark gritty substances.</p> <p>b.) The tops of the two tan serving carts were cracked, and melted. This resulted in the surfaces not being thoroughly cleaned and sanitized. The carts were soiled with dried drips and/or food debris.</p> <p>c.) The white serving cart was soiled with dried drips and/or food debris.</p> <p>d.) Non-dairy creamer and straws were stored under the sink, next to the drain, in the dining room.</p> <p>During an interview with the Dining Services Coordinator on 3/16/11 at 9:20 a.m., she indicated the lids to the dry storage bins were to be cleaned once a month by the weekend person.</p> <p>During an interview with the</p>		<p><b>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Dining Service Coordinator was re-trained regarding the revised kitchen cleaning schedule and the food safety and sanitation standards. The Residence Director and/or Designee will complete random walking rounds of the kitchen to ensure continued compliance. Findings will be reviewed and corrected through the QA process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will conduct a kitchen inspection during site visits at least monthly.</p> <p><b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0154: How often will the Residence Director complete random rounds of the kitchen area and for how long? If less than six months, what is the criteria for discontinuing the monitoring?</b> <b>Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for how long. If less than six months, what is the criteria for discontinuing the monitoring?</b> The Residence Director and/or Designee will complete random daily rounds three days a week for a period of three months concerning the</p>		

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R0214	<p>Administrator on 3/17/11 at 1:35 p.m., she indicated the kitchen was cleaned on 3/15/11, and they did not think to clean the lids on the dry storage bins.</p> <p>Review of the updated 5/2007, Kitchen cleaning schedule, provided by the Administrator, on 3/17/11 at 2:10 p.m., did not include cleaning of the lids of the dry storage bins.</p> <p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident 's condition, or more often at the resident 's or facility 's request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to ensure a resident with diabetes mellitus, who self- administered insulin, was evaluated and monitored when morning blood sugar levels were low and morning insulin was administered for 1 of 5 residents (Resident #5) reviewed for monitoring of low blood sugars in a sample of 9.</p> <p>Findings include:</p>	R0214	<p>kitchen safety and sanitation standards to ensure continued compliance through corrective action and accountability with appropriate staff assigned specific duties. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident #5 was re-assessed by the nurse practitioner and the Wellness Director utilizing the Medication Self Administration Assessment and a new order was obtained.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and</b></p>	04/30/2011	

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	<p>1. Resident #5's clinical record was reviewed on 3/16/11 at 3:00 p.m. The resident's diagnoses included, but was not limited to diabetes mellitus.</p> <p>The clinical record indicated the facility was to administer all medications to the resident with the exception of insulin injections, which the resident was able to self administer.</p> <p>The resident's January, 2011, Physician Recapitulation Orders were signed, but not dated by the Nurse Practitioner. The resident had orders for blood sugar checks every morning and every evening before meals. There was an order for Instaglucoase paste [for low blood sugar] use as directed and to call the M.D. for blood sugars below 60. The resident had an order to self administer 34 units of Lantus Solostar insulin every morning at 8:00 a.m.</p> <p>Review of the January, 2011, Medication Administration Record [MAR] indicated the resident had the following 8:00 a.m. blood sugars:</p> <p>1/21/11 - 55 1/22/11 - 59</p> <p>The clinical record lacked any information related to the physician</p>		<p><b>what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were deemed capable of safe storage and self administration of medication per our policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed no less than quarterly or as needed by the Wellness Director to ensure continued compliance. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and QMA's were re-trained regarding the policy and procedure for completing the Medication Self Administration tool, Resident Assessment, and reporting change of condition. The nurse practitioner established parameters for diabetic residents as to abnormal blood sugars that are to be communicated with the physician, along with management of low blood sugar. <b>How will the corrective action(s) will be monitored to ensure the deficient practice</b></p>		

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	<p>having been contacted, the Instaglucoase paste having been applied as ordered, or any followup assessments having been completed related to the low blood sugar readings. The clinical record indicated the resident had continued to self administer his morning insulin on the dates when his blood sugars were below 60 without documentation of any follow up assessments having been completed.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 10:10 a.m., she indicated the facility performs the blood sugar checks for Resident #5 and observes the insulin administration by the resident. She indicated the resident did self administer his insulin on 1/21/11 and 1/22/11. She indicated the resident had not received the Instaglucoase. She indicated no assessments had been done following the low blood sugar readings and the subsequent administration of insulin.</p>			<p><b>will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will perform an ongoing weekly review of service notes, change of condition reports and nursing assessments to ensure continued compliance with the policy and procedure regarding the resident assessment process. Findings will be reviewed and corrected through the QA process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review the process during routine site visits at least monthly.</p> <p><b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0214: Will the Residence Director, the Wellness Director, and/or designee complete weekly reviews of service notes on all residents with condition changes? Will the QA process for reviewing and correcting any findings continue indefinitely? Please specify how often this QA monitoring will occur and for how long. If less than six month, what is the criteria for discontinuing the monitoring?</b> The Wellness Director and/or Designee will complete 1 random weekly review of residents experiencing a change of condition for a period of three</p>			

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R0241	<p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure sliding scale insulin coverage was given as ordered by the physician and administered only by licensed staff for 1 of 1 resident reviewed for sliding scale insulin administration who did not self administer medications (Resident #28) in a sample of 9.</p> <p>Findings include:</p>		R0241	<p>months by reviewing the Medication Administration Record and Service Notes concerning continued compliance through corrective action and accountability with appropriate staff. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100% compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident # 28's medical condition and blood sugars were reviewed by the licensed medical professional with new orders obtained. The Residence Director and Wellness Director made arrangements to ensure insulin administration orders were covered in the event a licensed nurse is not available by appropriately licensed personnel. <b>How the facility will identify other residents having</b></p>		04/30/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2011

FORM APPROVED

OMB NO. 0938-0391

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					<p><b>the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were deemed capable of safe storage and self administration of medication per the policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed quarterly or as needed by the Wellness Director utilizing the Medication Self Administration Assessment to ensure continued compliance.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and staff were re-trained regarding the Indiana State ruling R241 410 IAC 16.2-5-4 (e) (1) Health Services. The Residence Director and Wellness Director will ensure provisions are made for residents to receive inject able medications in accordance with Indiana state ruling R 241 410 IAC 16.2-5-4 (e) (1) Health Services. Residents will be re-assessed quarterly or as</p>		



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				<p>needed by the Wellness Director utilizing the Medication Self Administration Assessment to ensure continued compliance with safe administration and storage of the prescribed medication regimen. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will ensure provisions are made to ensure a licensed staff member is available and sufficient in number and qualifications to monitor and administer sliding scale insulin as ordered by their physician. The Wellness Director will perform weekly reviews of the Medication Administration Record and staff schedule to ensure continued compliance. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review staffing needs and compliance during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0241: How will the facility ensure insulin injections are administered by a licensed nurse on all shifts at all times if the resident cannot self administer their own insulin? Will monthly</b></p>			

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	<p>1). The clinical record for Resident #28 was reviewed on 3/16/11 at 2:30 p.m.</p> <p>Resident #28's current diagnoses included, but were not limited to diabetes mellitus and dementia.</p> <p>During the initial walk- through tour of the facility and interview on 3/16/11 at 8:30 a.m., with the Administrator, she indicated Resident #28 received insulin coverage on the "Buddy System." She indicated the facility made arrangements for another resident who resided in the facility (Resident #32) to administer</p>			<p><b>reviews of staffing needs continue indefinitely? What is the criteria for discontinuing these reviews if less than six months?</b></p> <p>The Residence Director, Wellness Director, and staff were re-educated to their scope of practice and state ruling R0090, R0091. Residents who have insulin injections will be reviewed via the Medication Self Administration Assessment no less than quarterly on an ongoing basis. When findings indicate that a resident is no longer able to safely administer insulin injections the findings will be reviewed with the resident, responsible party, and physician. An order will be obtained from the physician and arrangements made for scheduling a licensed nurse to administer the insulin injection as required.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident # 28's medical condition and blood sugars were reviewed by the licensed medical professional with new orders obtained. The Residence Director and Wellness Director made arrangements to ensure insulin administration orders were covered in the event a licensed nurse is not available by appropriately licensed personnel. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and</b></p>		04/30/2011	

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	<p>Resident #28's insulin.</p> <p>Resident #28 had a physician's order, dated 1/13/11, for the following,</p> <p>Blood sugar monitoring twice daily and administer sliding scale insulin coverage using Humalog Flexipen according to scale below (friend to administer insulin if RN not available)</p> <p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 7 units 351 -400 = 8 units more than 400 = 10 units if greater than 450 = call physician</p> <p>The January and February 2011 Medication Administration Records for Resident #28 lacked indication the resident had received the sliding scale insulin coverage as ordered by the physician on the dates and time noted below,</p> <p>January 2011</p> <p>January 3, at 7:00 p.m., blood sugar was 168. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p>		<p><b>what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were deemed capable of safe storage and self administration of medication per the policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed quarterly or as needed by the Wellness Director utilizing the Medication Self Administration Assessment to ensure continued compliance.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and staff were re-trained regarding the Indiana State ruling R241 410 IAC 16.2-5-4 (e) (1) Health Services. The Residence Director and Wellness Director will ensure provisions are made for residents to receive inject able medications in accordance with Indiana state ruling R 241 410 IAC 16.2-5-4 (e) (1) Health Services. Residents will be re-assessed quarterly or as needed by the Wellness Director utilizing the Medication Self Administration Assessment to</p>		

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	<p>January 6, at 8:00 a.m., blood sugar was 184. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>January 13, at 8:00 a.m., blood sugar was 232. The resident should have received 4 units of insulin coverage. No insulin was documented as given.</p> <p>February 2011</p> <p>February 10, at 8:00 a.m., blood sugar was 170. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>February 13, at 8:00 a.m., blood sugar was 229. The resident should have received 4 units of insulin coverage. No insulin was documented as given.</p> <p>February 13, at 7:00 p.m., blood sugar was 284. The resident should have received 6 units of insulin coverage. No insulin was documented as given.</p> <p>February 15, at 8:00 a.m., blood sugar was 188. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>February 24, at 8:00 a.m., blood sugar was 154. The resident should have</p>		<p>ensure continued compliance with safe administration and storage of the prescribed medication regimen. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will ensure provisions are made to ensure a licensed staff member is available and sufficient in number and qualifications to monitor and administer sliding scale insulin as ordered by their physician. The Wellness Director will perform weekly reviews of the Medication Administration Record and staff schedule to ensure continued compliance. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review staffing needs and compliance during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R0241: How will the facility ensure insulin injections are administered by a licensed nurse on all shifts at all times if the resident cannot self administer their own insulin? Will monthly reviews of staffing needs continue indefinitely? What is the criteria for discontinuing these reviews if</b></p>		

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	<p>received 2 units of insulin coverage. No insulin was documented as given.</p> <p>February 26, at 8:00 a.m., blood sugar was 155. The resident should have received 2 units of insulin coverage. No insulin was documented as given.</p> <p>During an interview with the Director of Nursing on 3/16/11 at 4:15 p.m., additional information was requested related to Resident #28 not having received sliding scale insulin coverage as ordered by the physician on the dates and times noted above.</p> <p>During an interview with the Director of Nursing on 3/17/11 at 8:30 a.m., she indicated she had no information to provide to indicate Resident #28 received any insulin coverage on the dates and time noted above.</p> <p>2.) Review of the current undated facility policy, titled, "Subcutaneous Insulin Injections", provided by the Administrator on 3/18/11 at 2:30 p.m., indicated the following,</p> <p>1. Diabetes Mellitus (D.M.) is a disorder of carbohydrate metabolism in which the ability to break down and use carbohydrates is lost due to problems with insulin production...</p>		<p><b>less than six months?</b></p> <p>The Residence Director, Wellness Director, and staff were re-educated to their scope of practice and state ruling R0090, R0091. Residents who have insulin injections will be reviewed via the Medication Self Administration Assessment no less than quarterly on an ongoing basis. When findings indicate that a resident is no longer able to safely administer insulin injections the findings will be reviewed with the resident, responsible party, and physician. An order will be obtained from the physician and arrangements made for scheduling a licensed nurse to administer the insulin injection as required.</p>		

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R0245	<p>5. Sliding scale insulin is specific insulin dosing parameters set up by a physician, usually consisting of Regular insulin. The number of units to be injected is based on the results of the blood sugar readings and pre-determined values assigned by the physician...."</p> <p>(5) Injectable medications shall be given only by licensed personnel.</p> <p>Based on record review and interview, the facility failed to ensure a licensed nurse administered insulin injections as ordered by the physician for 1 of 5 residents reviewed with orders for insulin in a sample of 9. (Resident #28)</p> <p>Findings include:</p> <p>During the initial walk- through tour of the facility and interview on 3/16/11 at 8:30 a.m., with the Administrator, she indicated Resident #28 received insulin coverage on the "Buddy System." She indicated the facility made arrangements for another resident who resided in the facility (Resident #32) to administer Resident #28's insulin.</p> <p>The clinical record for Resident #28 was reviewed on 3/16/11 at 2:30 p.m.</p>		R0245	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident # 28's medical condition and blood sugars were reviewed by the licensed medical professional with new orders obtained. The Residence Director and Wellness Director made arrangements to ensure insulin administration orders were covered in the event a licensed nurse is not available by appropriately licensed personnel. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. Diabetic residents were re-assessed by the Wellness Director utilizing the Medication Self Administration Assessment tool and were</p>		04/30/2011	

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	<p>Resident #28's current diagnoses included, but were not limited to diabetes mellitus and dementia.</p> <p>A nursing note entry, dated 1/10/11 at 1:30 p.m., signed by the Director of Nursing, indicated the following,</p> <p>" Pt's [patients] son here @ [at] this time and went over [with] him that pt is having more trouble doing his insulin pen, explained to son that the nurse practitioner is gonna try and stabilize him more on p.o. [oral] meds [medications and just try coverage ss [sliding scale]. Pt does have a friend here [Resident #32] who is capable of giving pt coverage in the evening if he should need it. The friend does do her own meds and is a &amp; o [alert and oriented] x [times ] 3 and mobile. Pt son states, "I understand." Will continue to monitor bs [blood sugar] while switching to pill form."</p> <p>Resident #28 had a physician's order, dated 1/13/11, for the following,</p> <p>Blood sugar monitoring twice daily and administer sliding scale insulin coverage using Humalog Flexipen according to scale below (friend to administer insulin if RN not available)</p>		<p>deemed capable of safe storage and self administration of medication per our policy. The Wellness Director reviewed the assessment with the nurse practitioner and obtained physician orders as to the resident's ability to safely self administer. Residents will be re-assessed quarterly or as needed by the Wellness Director utilizing the Medication Self Administration Assessment to ensure continued compliance.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director, Wellness Director, and staff were re-educated to Indiana State ruling R241 410 IAC 16.2-5-4 (e) (1) Health Services. The Residence Director and Wellness Director will ensure provisions are made for residents to receive inject able medications in accordance with Indiana state ruling R 241 410 IAC 16.2-5-4 (e) (1) Health Services. Residents will be re-assessed quarterly or as needed by the Wellness Director utilizing the Medication Self Administration Assessment to ensure continued compliance with safe administration and storage of the prescribed medication regimen. <b>How will the corrective action(s) will be monitored to ensure the</b></p>		

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	<p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 7 units 351 -400 = 8 units more than 400 = 10 units if greater than 450 = call physician</p> <p>Review of the January, February and March 2011 Medication Administration Records for Resident #28 indicated the resident received sliding scale insulin coverage 46 times in January, 38 times in February, and 17 times in March. Resident #28's blood sugar results which required sliding scale insulin coverage ranged from 152 to 391.</p> <p>During an interview with the Administrator on 3/21/11 at 9:30 a.m., she indicated the Director of Nursing for the facility was normally only in the building Monday thru Friday on day shift. She further indicated the Director of Nursing was the only licensed nurse in the facility. She indicated the evening dose of sliding scale insulin coverage was routinely given to resident #28 by another resident who lived at the facility, Resident #32.</p> <p>Review of the January, February and March 2011 Medication Administration Records for Resident #28 indicated the resident received sliding scale insulin</p>		<p><b>deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director, Wellness Director, and/or Designee will ensure provisions are made to ensure a licensed staff member is available and sufficient in number and qualifications to monitor and administer sliding scale insulin as ordered by their physician. The Wellness Director will perform weekly reviews of the Medication Administration Record and staff schedule to ensure continued compliance as an ongoing process. Findings will be reviewed and corrected through our QA process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will review compliance during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R0245: How will the facility ensure insulin injection are administered by a licensed nurse on all shifts at all times if a resident cannot self administer their own insulin. Will weekly reviews of medications administration records and staff schedules continue indefinitely? What is the criteria for discontinuing these reviews if less than six months?</b> The Residence Director, Wellness</p>		



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R0306	<p>coverage 23 times in the evening hours in the month of January, 18 times in the month of February, and 6 times in the month of March.</p> <p>Review of the current, undated facility policy, titled "Administration of Sliding Scale Insulin Coverage", provided by the administrator on 3/17/11 at 2:30 p.m., indicated the following,</p> <p>Sliding scale insulin may be managed by the resident/family or residence depending on State Regulations, Nurse Practice Acts, staff ability and the condition of the resident (i.e. stable and predictable.) In some state, only licensed nurses may administer insulin to residents who are unable to self-manage their injections...."</p> <p>(g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident 's clinical record and shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) The name of the resident.</li> <li>(2) The name and strength of the drug.</li> <li>(3) The prescription number.</li> <li>(4) The reason for disposal.</li> <li>(5) The amount disposed of.</li> <li>(6) The method of disposition.</li> <li>(7) The date of the disposal.</li> <li>(8) The signature of the person conducting the disposal of the drug.</li> <li>(9) The signature of a witness, if any, to the</li> </ol>		<p>Director, and staff were re-educated to their scope of practice and state ruling R0090, R0091. Residents who have insulin injections will be reviewed via the Medication Self Administration Assessment no less than quarterly on an ongoing basis. When findings indicate that a resident is no longer able to safely administer insulin injections the findings will be reviewed with the resident, responsible party, and physician. An order will be obtained from the physician and arrangements made for scheduling a licensed nurse to administer the insulin injection as required.</p>		

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	<p>disposal of the drug.</p> <p>Based on record review and interview, the facility failed to ensure discontinued medications were disposed of in accordance with facility policy and state regulations for 1 of 2 closed clinical records reviewed for disposition of medications in a sample of 9. (Resident #101)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #101 was reviewed on 3/16/11 at 3:30 p.m. Diagnoses for Resident #101 included, but were not limited to, Cerebral Vascular Accident and depression. The facility staff had identified this record as a "closed record" for a resident transferred to the hospital.</p> <p>During an interview on 3/21/11 at 8:43 a.m., the Administrator indicated Resident #101 had been transferred to the hospital on 11/19/10 and did not return to the facility following her hospitalization.</p> <p>The November 2010 signed recapitulation of physician's orders indicated Resident #101 had medication orders which included, but were not limited to:</p> <p>Acetaminophen (a pain medication) 325 milligrams 2 tablets every four hours as</p>	R0306	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No residents were found to be directly affected. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Wellness Director and licensed staff were re-trained regarding the policy and procedure for drug disposition with appropriate documentation. The Wellness Director and/or Designee will document the disposition of the medications and place a copy within the resident's clinical record. The Wellness Director will review resident discharges to ensure appropriate documentation regarding drug disposition is within the resident's clinical record. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will conduct monthly reviews of resident who are to be</p>	04/30/2011	

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NAME OF PROVIDER OR SUPPLIER  LYND HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 2410 EAST MCGALLIARD ROAD MUNCIE, IN47303			
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	<p>needed for pain or elevated temperature</p> <p>Milk of Magnesia (a laxative) 30 milliliters once daily as needed for constipation</p> <p>Hydrocodone-Apax (a narcotic pain medication) one tablet every 6 hours as needed for moderate pain</p> <p>Vitamin D 50,000 units Softgel one capsule every week</p> <p>The clinical record lacked any information related to the disposition of these medications following the resident's transfer to the hospital on 11/19/10 and decision not to return following hospitalization.</p> <p>During an interview with the Administrator on 3/21/11 at 10:30 a.m., she indicated the Medication Administration Records for Resident #101 indicated the Vitamin D had been discontinued in May 2010 and the Hydrocodone had been discontinued due to non-use in July of 2010. She indicated these orders should not have been shown as current on the November recap of physician's orders. The Administrator indicated she was unable to provide any drug disposition information related to these medications or the other</p>				<p>discharged to ensure a drug disposition is completed and placed within the resident's record with appropriate documentation as indicated within Indiana State ruling R 306 410 IAC 16.2-5-6 (g) (1-9) Pharmaceutical Services. Findings will be reviewed and corrected through the QA process until compliance is achieved. The Regional Director of Quality and Care Management will review closed charts to ensure that drug disposition is appropriately documented during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11</p> <p><b>R 0306: Will monthly review of discharged resident records continue indefinitely? What is the criteria for discontinuing these reviews if less than six months?</b></p> <p>The Wellness Director and or Residence Director will perform a random review of resident records monthly for a period of three months to ensure continued compliance with our policy concerning Clinical Records. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring through our QA process. Findings suggestive of compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p>		

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	<p>medications noted above.</p> <p>Review of a current facility policy, dated 6/2008, provided by the Administrator, on 3/17/11 at 2:43 p.m., titled M. DRUG DISPOSAL, included but was not limited to the following:</p> <p>"...1. If medications are to be disposed of (e.g. due to a change in order, discontinue order or the death of a resident), the medications should be returned to the residence (sic) pharmacy (unless state regulations require onsite disposal). To return medications to the pharmacy:</p> <p>Complete the applicable information on a Drug Disposal / Release form (prescription number; name, strength, and quantity of the medication; and the date in the column "Date Returned"). Sign the form....</p> <p>...Disposal of Controlled Substances</p>		<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No residents were found to be directly affected. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Wellness Director and licensed staff were re-trained regarding the policy and procedure for drug disposition with appropriate documentation. The Wellness Director and/or Designee will document the disposition of the medications and place a copy within the resident's clinical record. The Wellness Director will review resident discharges to ensure appropriate documentation regarding drug disposition is within the resident's clinical record. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will conduct monthly reviews of resident who are to be</p>	04/30/2011	

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	<p>1. Controlled substances are subject to special disposal requirements in accordance with federal and state laws and regulations. Controlled substances may not be returned to the pharmacy for credit....</p> <p>...3. Document on the Narcotic Inventory Sheet how the medications were disposed of. If the medications were disposed of at the residence, those individuals involved in the disposal (i.e. the pharmacist or the Residence Director and Nurse) must sign the form....</p> <p>...5. Record the disposal of the controlled medications on a Drug Disposal / Release form...</p> <p>...6. Narcotic Inventory Sheets are archived with resident records."</p>			<p>discharged to ensure a drug disposition is completed and placed within the resident's record with appropriate documentation as indicated within Indiana State ruling R 306 410 IAC 16.2-5-6 (g) (1-9) Pharmaceutical Services. Findings will be reviewed and corrected through the QA process until compliance is achieved. The Regional Director of Quality and Care Management will review closed charts to ensure that drug disposition is appropriately documented during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R 0306: Will monthly review of discharged resident records continue indefinitely? What is the criteria for discontinuing these reviews if less than six months?</b> The Wellness Director and or Residence Director will perform a random review of resident records monthly for a period of three months to ensure continued compliance with our policy concerning Clinical Records. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring through our QA process. Findings suggestive of compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p>			

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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete.</p> <p>(2) Accurately documented.</p> <p>(3) Readily accessible.</p> <p>(4) Systematically organized.</p> <p>Based on observation, record review, and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to recapitulations of physician's orders and nursing note information for 2 of 9 residents reviewed for complete and accurate clinical records in a sample of 9. (Resident #32 and #101)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #32 was reviewed on 3/16/11 at 9:30 a.m. Diagnoses for Resident #32 included, but were not limited to, hypertension and anemia.</p> <p>A physician's order, dated 11/5/10, indicated Resident #32 was to wear knee high TED (thromboembolytic deterrent) on both lower extremities. This order was not present on the February 2011 signed, but undated, recapitulation of physician's orders.</p>		R0349	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident #32's primary care physician was contacted by the Wellness Director and the order was clarified for TED hose to be applied as needed. An order was also received for application of the ace wrap to the right arm as needed. The Wellness Director re-assessed Resident #32 utilizing the Medication Self Administration Assessment and deemed the resident capable of safe storage and administration of medications and treatments as ordered by the primary care physician. Appropriate documentation was completed on the Medication Administration Record and the recaps. Orders were signed appropriately. The closed records of Resident #101 could not be corrected. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what</b></p>		04/30/2011	

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	<p>The February 2011 recapitulation (recap) of physician's orders indicated Resident #32 had a physician's order for "ace wrap to right forearm r/t [related to] fall pain". The original date of this order was 8/11/10.</p> <p>During an interview with Resident #32 on 3/16/11 at 10:45 a.m., Resident #32 was up in a chair in her room. The resident was wearing TED hose, but did not have an ace wrap on her right forearm. Resident #32 indicated she had not worn an ace wrap on her right arm in "months."</p> <p>A "Medication Self-Administration Assessment," dated 1/24/11, indicated Resident #32 self administered her own medications. The February 2011 recap of physician's orders contained a section for the doctor to circle yes or no related to the resident being able to self administer medications. This section did not contain any circled response.</p> <p>A physician's order, dated 12/8/10, indicated Resident #32 was to have a CMP and Lipid profile done every six months. This order was not present on the signed February 2011 recap of physician's orders.</p> <p>During an interview on 3/16/11 at 1:30</p>		<p><b>corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Wellness Director, Residence Director, and licensed staff were re-trained regarding the policy for transcription on the Medication Administration Record and orders.. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/ or Designee will review new orders weekly to ensure proper transcription of physician orders on the Medication Administration Record and recaps. Findings will be reviewed and corrected through our QA process as an ongoing process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will randomly select records to review during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R0349, R0355: Will the QA process for reviewing and correcting any finding continue indefinitely? If less than six months, what is the criteria for discontinuing the reviews?</b> 1</p>		

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	<p>p.m. with the Administrator, additional information was requested related to the physician's orders for February 2011 not being up to date as noted above.</p> <p>During an interview on 3/17/11 at 1:20 p.m., the Administrator indicated Resident #32 no longer wore an ace wrap on her arm and this order needed to be updated. The Administrator indicated the order for the TED hose and the CMP and lipid profile needed to be sent to the pharmacy so the orders would be included on the next recap.</p> <p>2.) The clinical record for Resident #101 was reviewed on 3/16/11 at 3:30 p.m. Diagnoses for Resident #101 included, but were not limited to, Cerebral Vascular Accident and depression. The facility staff had identified this record as a "closed record" for a resident transferred to the hospital.</p> <p>The clinical record for Resident #101 lacked any information in the nursing notes related to the resident being transferred to the hospital, any physician's order for transfer, or any transfer form sent with the resident.</p> <p>During an interview with the Administrator on 3/16/11 at 4:10 p.m., additional information was requested</p>		<p>random audit will be completed weekly by the Residence Director and/or the Wellness Director for a period of three months. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100 % compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.</p>		



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	<p>related to the resident having been transferred to the hospital.</p> <p>Review of a A "Resident Transfer Form, dated 11/19/10, for Resident #101 indicated she had been transferred to the hospital on that date. The Administrator indicated this transfer form had been found in another resident's clinical record. The section for "Reason for Transfer" was left blank. The Administrator indicated the resident did not return to their facility following the hospitalization. The Administrator indicated she had obtained hospital records and the resident had originally been sent to the hospital on 11/19/10 due to a fall with a fractured mandible and humerus. The Administrator indicated no order for transfer had been written due to the resident having been transferred out "911."</p> <p>The clinical record lacked any information related to the resident having fallen on 11/19/10 or of being transferred to the hospital for treatment.</p> <p>3.) Review of a current facility policy, dated 6/2008, provided by the Administrator, on 3/17/11 at 2:43 p.m., titled A. TYPES OF PHYSICIAN ORDERS, included but was not limited to the</p>		<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident #32's primary care physician was contacted by the Wellness Director and the order was</p>	04/30/2011	

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	<p>following:</p> <p>"1. The residence must have proper physician's orders before providing assistance with any medication or treatment....</p> <p>...F. QUARTERLY VERIFICATION OF PHYSICIAN ORDERS</p> <p>1. Every 90 days, Physician Order sheets listing all of a resident's current orders must be signed by the resident's physician. Any medication and/or treatment order implemented, changed and/or discontinued during the prior 90 day period must be reflected on these orders....</p> <p>...6. Quarterly Physician Orders. Every ninety days (or as otherwise indicated by state regulations), the resident's physician will sign a Treatment and Medication Order form that lists all current medication and treatment orders."</p>		<p>clarified for TED hose to be applied as needed. An order was also received for application of the ace wrap to the right arm as needed. The Wellness Director re-assessed Resident #32 utilizing the Medication Self Administration Assessment and deemed the resident capable of safe storage and administration of medications and treatments as ordered by the primary care physician. Appropriate documentation was completed on the Medication Administration Record and the recaps. Orders were signed appropriately. The closed records of Resident #101 could not be corrected. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Wellness Director, Residence Director, and licensed staff were re-trained regarding the policy for transcription on the Medication Administration Record and orders.. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p>		

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R0355	(h) Current clinical records shall be completed promptly, and those of discharged residents shall be completed within seventy (70) days of the discharge date.				The Wellness Director and/ or Designee will review new orders weekly to ensure proper transcription of physician orders on the Medication Administration Record and recaps. Findings will be reviewed and corrected through our QA process as an ongoing process. The Regional Director of Quality and Care Management and/or Regional Director of Operations will randomly select records to review during routine site visits at least monthly. <b>By what date will the systemic changes be completed?</b> Compliance Date: 4/30/11 <b>R0349, R0355: Will the QA process for reviewing and correcting any finding continue indefinitely? If less than six months, what is the criteria for discontinuing the reviews?</b> 1 random audit will be completed weekly by the Residence Director and/or the Wellness Director for a period of three months. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100 % compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.		

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	<p>Based on record review and interview, the facility failed to ensure closed clinical records were completed and in order within 70 days of the discharge date for 1 of 2 closed clinical records reviewed in a sample of 9. (Resident #101)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #101 was reviewed on 3/16/11 at 3:30 p.m. Diagnoses for Resident #101 included, but were not limited to, Cerebral Vascular Accident and depression. The facility staff had identified this record as a "closed record" for a resident transferred to the hospital.</p> <p>During an interview on 3/21/11 at 8:43 a.m., the Administrator indicated Resident #101 had been transferred to the hospital on 11/19/10 and did not return to the facility following her hospitalization. The Administrator indicated she had located the 11/19/10 transfer form in another resident's clinical record.</p> <p>The resident's clinical record was in three separate folders and was not in any type of chronological and/or orderly manner. The record was missing drug disposition information for four medications noted on the November signed recapitulation of physician's orders.</p>	R0355	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> The record of Resident #101 is now closed. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?</b> No other residents found to be affected. <b>What measures will be put into place or what systematic changes will the facility to ensure that the deficient practice does not recur?</b> The Wellness Director and Residence Director were re-trained to the policy and procedure concerning closed clinical records. The Wellness Director and/or Designee will review closed records to ensure continued compliance with our policy and procedure concerning closed clinical records. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will monitor resident records for discharged residents are closed within 70 days and are organized and a complete. Findings will be reviewed and corrected through the QA process as an ongoing process. <b>By what date will the systemic changes</b></p>	04/30/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2011

FORM APPROVED

OMB NO. 0938-0391

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	During an interview on 3/21/11 at 10:30 a.m., the Administrator indicated she was the one who closed out the clinical records when residents were discharged. She indicated she was not always able to complete them in a timely manner.				<b>be completed?</b> Compliance Date: April 30 2011 <b>R0349,</b> <b>R0355: Will the QA process for reviewing and correcting any finding continue indefinitely? If less than six months, what is the criteria for discontinuing the reviews?</b> A random audit will be completed weekly by the Residence Director and/or the Wellness Director for a period of three months. Findings will be reviewed after three months by the Residence Director and/or Wellness Director to determine the need for ongoing monitoring by the QA process. Findings suggestive of 100 % compliance will result in no further monitoring from the Wellness Director or Designee unless otherwise deemed necessary.		